

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTHState File No. 184Registered No. 180

## 1. PLACE OF BIRTH

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 1217 Live Oak St. \_\_\_\_\_ Ward \_\_\_\_\_2. Full name of child Pedro GomezIf birth occurred in a hospital or institution, give its NAME instead of street and number)  
If child is not yet named, make supplemental report, as directed.3. Sex of Child male To be answered ONLY in event of plural births. } 4. Twin, triplet or other. \_\_\_\_\_ 5. No., in order of birth. \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth April 19 1930  
Month Day Year

## 8. FATHER

Full name Cosme Gomez9. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state.10. Color or race Mexican11. Age at last birthday 67 (Years)12. Birthplace (city or place) \_\_\_\_\_  
(State or country) Mexico13. Occupation miner  
Nature of Industry Copper

## 14. MOTHER

Full maiden name Dolores de la Torre15. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state.16. Color or race Mexican17. Age at last birthday 30 (Years)18. Birthplace (city or place) \_\_\_\_\_  
(State or country) Mexico19. Occupation Housewife  
Nature of Industry20. Number of children of this mother 4  
(Taken as of time of birth of child herein certified and including this child.)(a) Born alive and now living 4  
(b) Born alive but now dead 0  
(c) Stillborn 021. Were precautions taken against ophthalmia neonatorum?  
yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was alive at 2:20 a on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature J. J. Miller  
MD  
(Physician or midwife.)

Given name added from a supplemental report.

Month, day, year  
779-419-1145  
Registrar.Address Miami, Arizona  
Filed Apr 20 1930  
Registrar.